PE 13 2004 CE

Application Data Sheet

Application Information

Application information	
Application number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	POWER ACTUATOR FOR AUTOMOTIVE CLOSURE LATCH
Attorney Docket Number::	31727-2019
Request for Early Publication?::	
Request for Non-Publication?::	
Suggested Drawing Figure::	
Total Drawing Sheets::	10
Small Entity?::	NO
Latin name::	
Variety denomination name::	
Petition included?::	
Petition Type::	

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

Applicant Information1

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: loan

Middle Name:: Dorin

Family Name::

Name Suffix::

City of Residence:: Vaughan

State or Province of Residence:: Ontario

Country or Residence: Canada

Street of mailing address:: 81 Stag's Leap Rd.

City of mailing address:: Vaughan

State or Province of mailing address:: Ontario

Country of mailing address:: Canada

Postal or Zip Code of mailing address:: L4H 1W6

Applicant Information2

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: J.R. Scott

Middle Name::

Family Name::

Mitchell

Name Suffix::

City of Residence::

State or Province of Residence::

Ontario

Country or Residence::

Canada

Street of mailing address::

5289 Hwy 7, Unit 7

City of mailing address::

State or Province of mailing address::

Ontario

Country of mailing address::

Canada

Postal or Zip Code of mailing address::

L4L 2S0

Correspondence Information

Correspondence Customer Number::

33721

Name::

TORYS LLP

Street of mailing address::

79 Wellington St. W.

City of mailing address::

Toronto

State or Province of mailing address::

Ontario

Country of mailing address::

Canada

Postal or Zip Code of mailing address::

M5K 1N2

Phone number::

416.865.0040

Fax Number::

416.865.7380

E-Mail address::

	Representative Information					
stomer						
	- (OR -				
	Registration Number::		Representative Name::			
Agent	36,424		Johr	C. Hunt		
/ Informa	tion			'		
on:: Continuity Type::		Parent Application::		Parent Filing Date::		
nformati	on					
Application number::		Filing Date::		Priority Claimed::		
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